

Approved, SCAO

Original - Court
1st copy - Institution/Facility

2nd copy - Plaintiff
3rd copy - Defendant
4th copy - Friend of the court

STATE OF MICHIGAN
JUDICIAL CIRCUIT
JUDICIAL DISTRICT

**ORDER TO REMIT PRISONER FUNDS FOR
CHILD SUPPORT**

CASE NO.

Court address

Court telephone no.

TO: Institution name and address

Plaintiff's name, address, and telephone no.

v

Defendant's name, address, and telephone no.

RE:

Prisoner name

Prisoner ID

DOB

IT IS ORDERED:

1. For payment toward child support obligations and other associated costs and fees, the Department of Corrections shall collect 50% of all funds received by the prisoner over \$50.00 each month.
2. If the amount withheld at any one time is \$10.00 or less, the Department of Corrections shall continue collecting funds from the defendant's prisoner account until the sum of the amounts collected exceeds \$10.00, at which time the Department of Corrections shall remit that amount to the Michigan State Disbursement Unit (MiSDU) at PO Box 30351, Lansing, Michigan 48909. Payments must identify each prisoner by name, social security number, case number(s), and, if combined with other prisoners' payments, the amount attributable to each.
3. Withdrawal from the prisoner's account and remittance shall continue until further notice. If the prisoner transfers to a facility at which an institutional account is not maintained, or if the prisoner is paroled, discharged, or dies, the Department of Corrections shall remit any withheld funds to MiSDU and notify the friend of the court office accordingly.
4. The total of all funds withheld under this order, and any subsequent order to remit funds for child support owed by this prisoner, shall not exceed 50% of all funds received by the prisoner over \$50.00 each month. The Michigan IV-D Program shall allocate and distribute the withdrawn payments between all the prisoner's child support obligations and fees in the same manner as other withheld income.
5. Any questions or correspondence related to this matter may be directed to the _____ County friend of the court office at:

Date

Judge

Bar no.

CERTIFICATE OF MAILING

I certify that on this date I served copies of this order on the warden or supervisor of the facility where the prisoner is incarcerated and on the parties and their attorneys by first class mail addressed to their last known addresses as defined in MCR 3.203.

Date

Signature